

## CORE Claims Team - Gross Adjustments

### Purpose:

Gross Adjustment requests are force payments or recoupments. A gross adjustment request does not have to be related to a specific claim. The IME Core Claims Team is responsible for processing these requests within 10 business days of receipt.

### Identification of Roles:

Adjustment Examiner – Reviews and processes requests within 10 business days of receipt

Claims Research Examiner – Reviews and processes requests within 10 business days of receipt, serves as the back-up to the Operations Coordinator

Operations Coordinator – Assists adjustment examiners with questions, trains on new processes, communicates changes (as directed by the Operations Team Lead and Operations Manager)

Operations Team Lead and Operations Manager – Monitors workload and ensures that performance measures are met on a monthly basis.

### Performance Standards:

Claims processed in error must be reprocessed within ten- (10) business days of identification of the error or upon a schedule approved by the State.

### Path of Business Procedure:

Step 1: Batch is opened in Medicaid Management Information System (MMIS)

Step 2: Request is received in OnBase

Step 3: Create the Gross Adjustment request in MMIS file 1

Step 4: Enter the information from the gross adjustment request into MMIS

- a. Accounting Code
- b. National Provider Identifier (NPI) or legacy number
- c. State ID (SID) – not a required field
- d. Transaction Control Number (TCN) – not a required field
- e. Beginning Date of Service
- f. End Date of Service
- g. Adjustment Reason
- h. Category of Service
- i. CCN – situational requirement
- j. Amount Due

- 1 Amount Due Provider OR
- 2 Amount Due State
- k. Remit Comments

Step 5: Requests which contain invalid information or can't be processed will be returned to the requestor using the 'Return to Requestor' task in OnBase

Step 6: Work any edits that post to the request

Step 7: Enter the adjusted TCN from MMIS file 1 into OnBase

### **Forms/Reports:**

Core 10 Day Completion Report

### **RFP References:**

5.2.2.3.4.2.1, 5.2.2.3.4.2.4

### **Interfaces:**

Provider Services, Provider Cost Audit, Program Integrity, Revenue Collections, Medical Services

### **Attachments:**

None